

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCH NO.
0701084
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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3		/				
4	/					
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49						
50						
TOTAL IND.	39					
TOTAL DEP.	75					
TOTAL CLAIMS	54					

51	/			
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				